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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/810,501-Conf. #8167
	Filing Date	March 26, 2004
	First Named Inventor	Timothy P. Meier
	Art Unit	2621
	Examiner Name	J. L. Couso
	Attorney Docket Number	283-315 Con
Total Number of Pages in This Submission	21	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): One check totaling \$300 (\$180 IDS Fee and \$120 One Month Extension of Time Fee), PTO/SB/08A (1 pg.), Certificate of Express Mail and Return Mail Room Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WALL MARJAMA & BILINSKI LLP		
Signature			
Printed name	George S. Blasiak		
Date	August 21, 2006	Reg. No.	37,283

Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV511846395US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: August 21, 2006	Signature:  (Barbara A. Saltzman)



PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/810,501-Conf. #8167				
		Filing Date	March 26, 2004				
		First Named Inventor	Timothy P. Meier				
		Examiner Name	J. L. Couso				
		Art Unit	2621				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	283-315 Con					
TOTAL AMOUNT OF PAYMENT (\$)		300.00					
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0289</u> Deposit Account Name: <u>Wall Marjama &amp; Bilinski LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES	EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description				Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 (including Reissues)				50	25		
Each independent claim over 3 (including Reissues)				200	100		
Multiple dependent claims				360	180		
Total Claims - 20 = _____ x _____ = _____				Multiple Dependent Claims			
				Fee (\$)	Fee Paid (\$)		
Indep. Claims - 3 = _____ x _____ = _____							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	_____	_____ / 50 _____ (round up to a whole number) x _____	_____	_____			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month				120.00			
1806 Submission of an Information Disclosure Statement				180.00			
<b>SUBMITTED BY</b>							
Signature	<u>Jan S Blasiak</u>		Registration No. (Attorney/Agent)	37,283	Telephone	(315) 425-9000	
Name (Print/Type)	George S. Blasiak		Date	August 21, 2006			

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Dated: August 21, 2006

Signature: Barbara A. Saltzman (Barbara A. Saltzman)